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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	20066.79
	First Named Inventor	Dav MALONEK
	COMPLETE IF KNOWN	
	Application Number	/ to be assigned
	Filing Date	to be assigned
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-ELECTRODE LEAD

the specification of which ☒ is attached hereto OR ☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
126905	11/05/1998

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Approved for use through 8/28/00, OMB 0501-0022
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 110 of any United States application(s), or 35(d) of any PCT International application designating the United States of America, filed before and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as provided in 37 CFR 1.51 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
PCT/L99/00596	11/04/1999	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02A attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to instruct all persons in the Patent and Trademark Office connected therewith: ☐ Customer Number ☐ OR ☒ Registered practitioner(s) name/registration number listed below

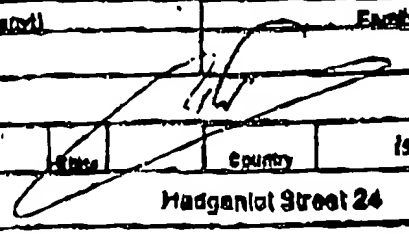
Name	Registration Number	Name	Registration Number
Michael I. Wolfson	24,750	Mark Montague	38,812
William H. Dippert	28,723		
R. Lewis Gable	22,479		

☐ Additional (unpublished) practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02B attached hereto.

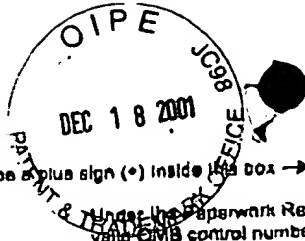
Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name	William H. Dippert				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that would make statements and the law as made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))	Dov				
Family Name or Surname	Melonak				
Inventor's Signature					Date
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Post Office Address					
City	Tivon	State		Zip	36002
Country	Israel				

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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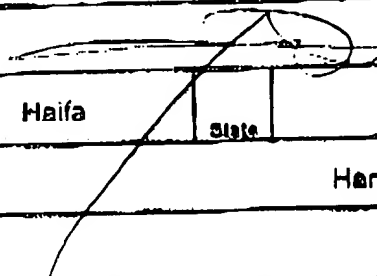
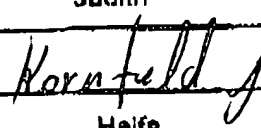
PTO/SB/02A (3-87)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
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Inventor's Signature				Date		8/9/01	
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						Israel	
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City		Haifa		State		ZIP	
						34606	
				Country		Israel	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Judith				Kornfeld			
Inventor's Signature				Date		21/08/01	
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						Israel	
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Post Office Address							
City		Haifa		State		ZIP	
						34324	
				Country		Israel	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
						Citizenship	
Post Office Address							
Post Office Address							
City				State		ZIP	
						Country	

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